

CALFRESH REQUEST FOR POLICY INTERPRETATION**PI# 17-89**

INSTRUCTIONS: Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Retain a copy for your records and submit via email to CalFresh-PI@dss.ca.gov.

Please note: the policy interpretation provided is based on the unique set of facts presented and should not be assumed to apply in all scenarios.

1. RESPONSE NEEDED DUE TO: <input checked="" type="checkbox"/> Policy/Regulation Interpretation <input type="checkbox"/> QC <input type="checkbox"/> Other:		5. DATE OF REQUEST: 10/23/2017	NEED RESPONSE BY: 10/30/2017
2. REQUESTOR NAME:		6. COUNTY/ORGANIZATION: Santa Barbara County	
3. PHONE NO.: EMAIL:		7. SUBJECT: Medical Deduction	
4. REGULATION CITE(S): ACL 17-35		8. REFERENCES: (Include ACL/ACIN, court cases, etc. in references) NOTE: All requests must have a regulation cite(s) and/or a reference(s).	

9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):

Scenario #1: Case is Cycle #1, HH is E/D. Client calls mid-period on 10/5 and reports that he went to the dentist on 9/28 and was fitted for some dentures. His co-pay will be \$150. The worker requests verification of the medical expense by sending out the CW 2200 and giving the client 10-days to provide. The client provides verification (receipt) on 10/12 of his paid medical expense of \$150.

Scenario #2: Case is E/D HH and client provides copies of receipts for his prescription drugs totaling \$80 with his SAR 7.

Question: Can we allow these clients the Standard Medical Deduction (SMD) of \$120 even though these bills have been paid?

10. REQUESTOR'S PROPOSED ANSWER:

ACL 17-35, page 2 states that households who verify medical expenses within the range of \$35.01 to \$155.00 are eligible to the standard medical deduction of \$120. Also, page 4 states that paid medical bills are a Qualifying Medical Expense.

Therefore, because these households verified an expense between \$35.01 and \$155, they would be eligible to the SMD of \$120. It is not necessary for the bill to be unpaid, only verified.

11. STATE POLICY RESPONSE (CFPB USE ONLY):

In both the scenarios provided above, the clients were able to provide verifications for over \$35.00 medical expense so they are eligible for SMD of \$120. ACL 17-35 page four second bullet point says, "Any paid or outstanding medical bills....."

Also want to clarify here further that any expenses paid prior to the month of application is not a qualifying expense. Per CFR 273.10(1)(a)(i) A household's eligibility shall be determined for the month of application by considering the household's circumstances for the entire month of application.

FOR CDSS USE

DATE RECEIVED:

10/25/2017

DATE RESPONDED TO COUNTY/ALJ:

SV 11/01/2017

CALFRESH (CF) PROGRAM

REQUEST FOR POLICY/REGULATION INTERPRETATION

INSTRUCTIONS: Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

- Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit manager.
- Questions from Administrative Law Judges may be submitted directly to the CalFresh Policy analyst assigned responsibility to the county where the hearing took place, with a copy of the form directed to the appropriate CalFresh Bureau unit manager.

1. RESPONSE NEEDED DUE TO: <input checked="" type="checkbox"/> Policy/Regulation Interpretation <input type="checkbox"/> QC <input type="checkbox"/> Fair Hearing <input type="checkbox"/> Other:	5. DATE OF REQUEST: 9-15-17 <table border="1" style="float: right;"> <tr> <td>NEED RESPONSE BY:</td> <td>A.S.A.P.</td> </tr> </table>	NEED RESPONSE BY:	A.S.A.P.
NEED RESPONSE BY:	A.S.A.P.		
2. REQUESTOR NAME:	6. COUNTY/ORGANIZATION: Imperial County DSS		
3. PHONE NO.:	7. SUBJECT: Restoration of Aid (CF)		
4. REGULATION CITE(S): ACL 10-32	8. REFERENCES: <i>(Include ACL/ACIN, court cases, etc. in references)</i> NOTE: All requests must have a regulation cite(s) and/or a reference(s). ACL 10-32 PI from 1-9-17 (Madera Co)		

9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):

The question is whether the county would need to conduct another recertification phone interview if the customer complies with providing the missing documents during the 30 day period after the end of the certification period? scenario: CalFresh recertification due for the month of 8/2017. ET conducts the interview and sends out a request for the CF 37 on 7/26/17. The customer does not provide the CF 37 during the 10 request period after the phone interview. The ET discontinues the CalFresh effective 8/31/17. The customer comes into DSS and provides the completed CF 37 on 9/14/17 and is told that the ET will restore benefits at a prorated amount effective 9/14/17 without another interview or any other request. Would another interview be needed since the CF 37 being received in the 30 days after the end of the certification period constitutes an application and restoration?

10. REQUESTOR'S PROPOSED ANSWER:

i believe the action taken by the county worker is correct and another interview would not be necessary since the only missing forms were provided during the 30 days after discontinuance.

11. STATE POLICY RESPONSE (CFPB USE ONLY):

From the scenario provided, another interview would not be needed to reopen the case. Per 7 CFR 273.14(e)(2), "If the household takes the required action after the end of the certification period but within 30 days after the end of the certification period, the State agency shall reopen the case and provide benefits retroactive to the date the household takes the required action."

FOR CDSS USE

DATE RECEIVED:

DATE RESPONDED TO COUNTY/ALJ:

10/5/2017 SM